CR2F034 (9/9

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: CLAUDIO SAMPATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

FILED DOCUMENT # V16472 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** COMMERCIAL DYNAMICS CORPORATION 01-24-2000 90028 038 ***158.75 Principal Place of Business Mailing Address 2700 N. 29TH AVENUE 2700 N. 29TH AVENUE SUITE 220 SUITE 220 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-1514 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0125881 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIPPIN, ROBERT S. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) MICHELSON AND ZIPPIN P.A. 7101 WEST MCNAB ROAD # 200 TAMARAC FL 33321 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. K Change Addition PTD ☐ Delete TITLE TITLE SAMPAIO, CLAUDIO A NAME NAME 2700 N. 29TH AVENUE HOLLYWOOD, FL 3302 STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE PLAZA 51 SUITE-443 33020-1514 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL X1 Change ☐ Addition ☐ Delete TITLE TITLE SAMPAIO, MARIA S 2700 N. 29TH AVENUE SUITE #220 NAME NAME ALCANTARA, MARIA S ALVES STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE PLAZA 51 SUITE 443 33020-1514 HOLLYWOOD, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete SAMPAIO FILHO, CLAUDIOA A NAME NAME SUITE #220 2700 N. 29TH AVENUE STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE PLAZA 51 SUITE 443 33020-1514 CITY-ST-ZIP HOLLYWOOD, FL CITY-ST-ZIP MIAMI:FL-TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.